

Meagan Werth Ranson

From: Katania Taylor <info@healthfreedomnevada.com>
Sent: Tuesday, November 10, 2020 12:45 PM
To: Meagan Werth Ranson
Subject: Public Comments for Task Force Meeting Nov 12

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Dear Task Force,

We have reached out to ask for a discussion from members of the Task Force and Health Department and are still awaiting a response. We have requested information about the PCR lab testing that is going on in Nevada. We not only wanted the data, but we wanted to discuss the data with the decision makers who are directing the policy for Covid here in Nevada. I was told to submit my issues in writing to you for public comment. I am disappointed that I am unable to speak with someone who actually has to answer my questions, instead of just getting my 2 minutes of public comment that never, ever is addressed. I someone from this Task Force would please get hold of me, my colleague and I would like to have a conversation.

We are very happy to hear that Washoe County is no longer testing asymptomatic people, however, we are concerned that the Cycle Threshold Value cut-off being used in Nevada is way too high and would like to ask that the Cycle Threshold Value cut-off be lowered to 30-35 and that the values be provided with the test results.

We have found out from the UNR School of Medicine lab that they are using a Cycle Threshold value cut-off of 40-45. I understand this is likely the case in all Nevada labs. A CT value cut-off of 40-45 concerns us for a number of reasons. Many studies, including those done by the CDC and Dr. Fauci have come to the conclusion that CT values of above 34 produce no viable virus and the patient is NOT infectious. If PCR screening is meant to find infectious individuals, then lowering the cycle threshold cut-off and providing the CT value with the test results at minimum should be implemented.

"A recent [New York Times](#) article presented evidence that specimens detected in 27 to 34 cycles rarely show any live virus, and specimens detected above 34 cycles never show any live virus. ""It's just kind of mind-blowing to me that people are not recording the Ct values from all these tests — that they're just returning a positive or a negative," said Angela Rasmussen, a virologist at Columbia University in New York."

A French study found no cultures could be obtained from cycles greater than 34.

Another study states: "patients with Ct above 33–34 using our RT-PCR system are not contagious and thus can be discharged from hospital care or strict confinement for non-hospitalized patients."

In addition to not testing asymptomatic people, the enormous "case" numbers would decrease if the Cycle Threshold were lowered. CT of 40-45 is pointless and causing undue panic.

"The CDC's new recommendation to only test symptomatic or exposed people is a good start to address the hysteria caused by rising case numbers and the social stigma faced by people with false positive test results. However, an additional change is needed: the FDA recommendation for 40 cycles of amplification in PCR testing is far too sensitive and is leading to alarm about high numbers of "cases" in asymptomatic people, particularly young people like college students, who are often asymptomatic at the time of the positive test, possibly because they have already recovered from a previous mild infection.

"The point of testing should be to identify infectious individuals, and ***the current testing procedures fail in that public health goal.*** The FDA should update their guidance to recommend no more than 34 cycles, require labs to communicate the number of cycles required to detect the virus for each positive test, and require labs to disclose the cycle threshold for all previous COVID tests (if that data is available) to clean up the inflated statistics (cases, hospitalizations, and deaths) associated with test results that exceeded 34 cycles."

In addition, studies are finding that the RNA degrades very slowly and a person could have a positive PCR after having Covid 3 months earlier. The viral fragments often hang around, but are not infective. Giving ONLY a Positive or Negative result is missing the most important information and inflating the numbers, causing panic. We are moving to shut down schools and possibly the economy again based on PRC results that are proven to NOT CULTURE OUT LIVE VIRUS. What is the percentage of Positive cases above a CT value of 27? What is the percentage of Positives above the CT value of 34?

Many scientists are urging the cut-off to be reduced to 30-35 at the most. Why are labs in Nevada using cycle thresholds of 40-45? How can we continue to put fear into the population while withholding the essential information about cycle thresholds indicating infectiousness?

"A literature review of studies on infectiousness based on PCR testing found two studies showing that the odds of live virus culture reduced by 33% for every one unit increase in cycle threshold and that thresholds over 30 cycles were associated with non-infectious samples.

The bottom line is that 70%-90% of positive results from COVID-19 PCR tests are currently inaccurate because they detect virus at levels that are either too small to transmit to others or simply a remnant of recent exposure."

Meanwhile, we are causing panic and fear in Nevadans, with people running out to get tested, backing up the system and getting false positives that are leading to further panic and government overreach.

Asymptomatic people should not be tested, panic should not be shaming asymptomatic people into testing for no reason, and the CT value must be lowered. Further, the CT value should be recored and communicated with every test result.

We would really appreciate someone discussing these issues with us as soon as possible. Schools in Washoe County are considering shutting down, and with "cases" going up, we are concerned about unnecessary government action and inappropriate response to a testing problem. Please contact us to set up a video or phone conference call at your earliest convenience.

Thank you,
Katania Taylor
Nancy Jones
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Quoted article:https://rationalground.com/why-mass-pcr-testing-of-the-healthy-and-asymptomatic-is-currently-counter-productive/?fbclid=IwAR3w4bvoayMx9f9c_FyiRrPFL_4TboRKERYom5tU5AEZbnq1WLocS1VyV6k